

EMPLOYEE RESPONSIBILITIES
WORKERS' COMPENSATION CHECKLIST

Name: _____ Date of Injury: _____

<input type="checkbox"/>	<u>IMMEDIATELY NOTIFY SUPERVISOR OF INJURY.</u>
<input type="checkbox"/>	Seek medical treatment – preferably on the date of injury. Choose treating physician. Obtain CA-16 (Only for Traumatic Injury and if CA-1 is filled within one week of injury) and CA-17.
<input type="checkbox"/>	Complete his/her portion of the CA-1 or CA-2 and appropriate CA-35, and submit to supervisor.
<input type="checkbox"/>	Obtain Receipt of Notice of Injury.
<input type="checkbox"/>	If injury has caused you to miss work, obtain and provide medical documentation to supervisor to justify all absences due to work-related injury/illness, and let your supervisor know when you expect to return to work.
<input type="checkbox"/>	If you expect to remain out of work for more than 45 calendar days, inform your supervisor and complete the employee section of the CA-7, CA-7A, & SF-1199A. Have your treating physician complete the CA-20.
<input type="checkbox"/>	Bring back to your supervisor an updated CA-17 (Duty Status Report) after EVERY medical appointment until returned to full duty.
<input type="checkbox"/>	Inform supervisor of the type of leave requested (e.g., Sick, Annual, LWOP or COP). You MUST follow the same established leave procedures as if you were not at work for other reasons.
<input type="checkbox"/>	If COP is requested, you MUST provide Medical Evidence supporting your need within 10 calendar days of that request.
<input type="checkbox"/>	All COP used MUST subsequently be verified and supported by medical documentation.
<input type="checkbox"/>	Return to work as soon as medically possible. Light duty should always be available to accommodate medical restrictions.
<p>Contact the SPD CPAC Injury Compensation Program Administrators, at any time during the process for assistance.</p> <p>E-mail: DLL-CESPK-HR-EDI@eis01.usace.army.mil</p>	

WEB SITES:

Workers' Compensation Claim Forms and Information:

<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

SPD CPAC Online Information Center (Benefits):

<http://www.spd.usace.army.mil/cpac/benefits.html>

KEY TERMS:

CA-1 – Traumatic Injury – is a wound or other condition of the body caused by external force, including stress or strain, sustained during the course of one work day. Claim must be filled with in 30 days of injury to use COP.

CA-2 – Occupational Disease – is defined as a condition produced in the work environment over a period longer than one workday or shift.

CA-7 – Claim for Compensation of Account of Traumatic Injury or Occupational Disease.

CA-7A – Time Analysis Form.

CA-7B – Leave Buy-Back (LBB) Worksheet / Certification and Election.

CA- 16 – Authorizations for Examination and/or Treatment.

CA-17 – Duty Status Report.

CA-20 – Attending Physician's Report

CA-35 – Evidence Required in Support of a Claim for Occupational Disease.

COP – Continuation of Pay (only for Traumatic injuries if CA-1 filed within 30 days of injury).

ICPA – Injury Compensation Program Administrator.

LWOP – Leave Without Pay.